

STATUS REPORT C-1 (1/07)

COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS.

YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY

													1. FEDERAL ID NUMBER							
2. EMPLOYER'S LEGAL NAME								5. MAILING ADDRESS												
3. TRADE OR DBA NAME (LIST ALL)								CITY				STATE				ZIP CODE				
4. ATTENTION OR C/O NAME						5A. E-MAIL ADDRESS/WEB ADDRESS						5B. TELEPHONE NUMBER				5C. FAX NUMBER				
6. TYPE OF ORGANIZATION (CHECK ONE) <input type="checkbox"/> SOLE-PROPRIETORSHIP OR DOMESTIC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CO-OWNER (Husband/Wife or Civil Union Partners) <input type="checkbox"/> 501 (c)(3) CORPORATION, ATTACH IRS EXEMPTION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> TRUSTEE IN BANKRUPTCY <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC/LLP) <input type="checkbox"/> CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION _____																				
6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:																				
NAME				SOCIAL SECURITY NO.				TITLE				HOME ADDRESS (NO P.O. BOXES)								
7A. FIRST DATE OF EMPLOYMENT IN VERMONT: _____ DATE FIRST WAGES PAID IN VERMONT: _____																				
7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX? <input type="checkbox"/> NO <input type="checkbox"/> YES, LIST YEARS _____																				
7C. ENTER THE NUMBER OF WORKERS FOR EACH WEEK AND THE TOTAL GROSS WAGES PAID FOR EACH CALENDAR QUARTER EMPLOYMENT OCCURRED. IF EMPLOYMENT OCCURRED PRIOR TO THE CALENDAR YEAR LISTED BELOW, PLEASE ATTACH ADDITIONAL SHEETS WITH THE NEEDED INFORMATION. DO NOT ESTIMATE FUTURE WAGES. A WORKER IS ANYONE PERFORMING SERVICES FOR YOUR BUSINESS, UNLESS THEY ARE EXEMPT UNDER UNEMPLOYMENT.																				
CALENDAR YEAR 2007													ENTER QUARTERLY GROSS WAGES PAID							
7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb	18-Feb	25-Feb	4-Mar	11-Mar	18-Mar	25-Mar									
1-Apr	8-Apr	15-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-May	3-Jun	10-Jun	17-Jun	24-Jun								
1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug	12-Aug	19-Aug	26-Aug	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep							
7-Oct	14-Oct	21-Oct	28-Oct	4-Nov	11-Nov	18-Nov	25-Nov	2-Dec	9-Dec	16-Dec	23-Dec	30-Dec								
CALENDAR YEAR 2006													ENTER QUARTERLY GROSS WAGES PAID							
7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb	18-Feb	25-Feb	4-Mar	11-Mar	18-Mar	25-Mar									
1-Apr	8-Apr	15-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-May	3-Jun	10-Jun	17-Jun	24-Jun								
1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug	12-Aug	19-Aug	26-Aug	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep							
7-Oct	14-Oct	21-Oct	28-Oct	4-Nov	11-Nov	18-Nov	25-Nov	2-Dec	9-Dec	16-Dec	23-Dec	30-Dec								
8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED													STREET (NOT RFD OR P.O. BOX #)				TELEPHONE NUMBER			
CITY						STATE						ZIP CODE				FAX NUMBER				
DEPARTMENT USE ONLY																				
STATUS NAICS		COUNTY	TOWN	LMI NAICS		LIABLE <input type="checkbox"/> NO <input type="checkbox"/> YES		REPORTS DUE <input type="checkbox"/> NONE		EXAMINED BY		DATE								
						LIABLE ESTAB		IN UC <input type="checkbox"/> <input type="checkbox"/> MAIL				TICKLE DATE								
LIAB CODE		TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RTA, SAME NO. <input type="checkbox"/> RTA, NEW NO.		<input type="checkbox"/> ACS <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL, TRANSFER EXPERIENCE		PREDECESSOR OR OLD NO.				RATES										

9. DO YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHOM YOU CONSIDER TO BE SELF-EMPLOYED OR INDEPENDENT CONTRACTORS?

☐ YES ☐ NO IF YES, PLEASE ATTACH A LIST PROVIDING NAME, ADDRESS, TELEPHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.

10. DID YOU ACQUIRE THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANY OTHER VERMONT EMPLOYER? ☐ YES - Complete items 11A-11F and 12

☐ NO, Go to item 12 DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP? ☐ YES - Account No.: _____

If YES, Complete items 11A-11F ☐ NO - Go to item 12

11A. DID YOU ACQUIRE ☐ ALL? ☐ PART? 11B. DATE ACQUIRED _____ 11C. UNEMPLOYMENT ACCT. OF BUSINESS ACQUIRED _____

11D. NAME OF BUSINESS ACQUIRED _____

11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER ☐ NONE ☐ SOME ☐ ALL ☐ HOW MANY? _____

11F. HOW WAS BUSINESS ACQUIRED? (*check one*) ☐ PURCHASE ☐ MERGER ☐ FRANCHISE ☐ ENTITY CHANGE

☐ LEASE (SPECIFY NATURE OF THE LEASE) _____

12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER UNDER THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY?

☐ YES ☐ NO IF YES, COMPLETE QUESTION 13.

13. IF QUESTION 12 IS "YES" ATTACH A LIST OF ALL OTHER COMMONLY OWNED ENTITIES, THEIR FEDERAL IDENTIFICATION NUMBER, VERMONT EMPLOYER ACCOUNT NUMBER, IF ANY, WHETHER OR NOT THEY OPERATE IN VERMONT, AND THE NATURE OF EACH BUSINESS.

A. WHO ADVISED THE ORGANIZATION TO MAKE THE ENTITY CHANGE? _____

B. WHO CAN WE CONTACT FOR MORE INFORMATION IF NECESSARY?

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

E-MAIL: _____

FOR MULTISTATE EMPLOYERS - LOCALIZATION OF EMPLOYMENT

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUALS WORKING FOR YOU IN VERMONT. IF THE INFORMATION VARIES BY EMPLOYEE, PLEASE PROVIDE THE INFORMATION FOR EACH EMPLOYEE ON AN ADDITIONAL SHEET AND RETURN THE INFORMATION WITH YOUR COMPLETED STATUS REPORT.

A. HAS THE EMPLOYEE(S) WORKED FOR YOU IN ANOTHER STATE BEFORE WORKING FOR YOU IN VERMONT? ☐ YES ☐ NO IF YES, PROVIDE DATES OF EMPLOYMENT BY STATE. DATES: _____ STATE: _____ DATES: _____ STATE: _____

B. IS THIS EMPLOYMENT FOR A CONSTRUCTION COMPANY? ☐ YES ☐ NO IF YES, DOES YOUR COMPANY JOB COST? ☐ YES ☐ NO

C. IS THE VERMONT EMPLOYMENT DUE TO A PERMANENT RELOCATION TO THIS STATE? ☐ YES ☐ NO

NATURE OF BUSINESS ACTIVITY

14A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF ACTIVITY IN VERMONT

14B. LIST PRINCIPLE PRODUCT(S) OR SERVICE(S), IN ORDER OF IMPORTANCE

14C. PLEASE SELECT THE APPROPRIATE CATEGORY BELOW WHICH CLOSELY DESCRIBES YOUR BUSINESS IN VERMONT. IF YOU HAVE MULTIPLE BUSINESS TYPES, PLEASE SPECIFY THE PERCENTAGES IN 14A. ABOVE. PLEASE BE SURE TO PROVIDE DETAILS IN 14A AND 14B.

☐ Agriculture, Forestry, Fishing & Hunting

☐ Transportation & Warehousing

☐ Educational Services

☐ Mining

☐ Information

☐ Health Care & Social Assistance

☐ Utilities

☐ Finance & Insurance

☐ Arts, Entertainment & Recreation

☐ Construction

☐ Real Estate & Rental & Leasing

☐ Accommodation & Food Services

☐ Manufacturing

☐ Professional, Scientific & Technical Services

☐ Other Services (Except Administrative)

☐ Wholesale Trade

☐ Management of Companies & Enterprises

☐ Public Administration

☐ Retail Trade

☐ Administrative & Waste Services

IF YOU ARE UNSURE OF THE CATEGORY IN WHICH YOUR BUSINESS FALLS, CONTACT EMPLOYER SERVICES AT (802) 828-4344 OR ACCESS THE WEB AT <http://www.naics.com/search.htm> FOR MORE INFORMATION.

15. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUSINESS OPERATES IN VERMONT
INCLUDE: Home(s) of personnel, when the company does not have an office or worksite in Vermont.
EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.

If more than ONE location, attach a list specifying each location with the STREET ADDRESS, CITY AND THE NUMBER OF WORKERS AT EACH LOCATION.

16. PERSON IN POSSESSION OF PAYROLL RECORDS

TITLE

PHONE

FAX

17. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD

TITLE

DATE